

GW/UST-3

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

RECEIVED
State Use Only

NO. Number

Date Received

INSTRUCTIONS

Complete and return five (5) working days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: COLONIAL DISTRIBUTORS INC.
 (Corporation, Individual, Public Agency, or Other Entity)
 Street Address: 136 BLUEFF ST. (PO BOX 608
28659)
 County: SURRY N. WILKESBORO, NC
 City: JONESVILLE State: NC Zip Code: 28642
 Tele. No. (Area Code): (910) 835-4919

II. LOCATION OF TANK(S)

Facility Name or Company: N. BRIDGE STREET BP
 Facility ID # (if available): 0-009245
 Street Address or State Road: 666 N BRIDGE ST.
 County: SURRY City: ELKIN Zip Code: 28621
 Tele. No. (Area Code): (910) 838-8332

III. CONTACT PERSON

Name: TED M. HALL Job Title: OWNER Telephone Number: (910) 667-9453

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. The **site assessment** portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After January 1, 1994, **all closure site assessment reports must be signed and sealed by a P.E. or L.G.**
8. Keep closure records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: ENVIROMARK, P.A.
 Address: 108 COLEMAN AVENUE State: ASHEVILLE, NC Zip Code: 28801
 Contact: MARK DURWAY Phone: (704) 254-4300
 Primary Consultant: ENVIROMARK, P.A. Phone: (704) 254-4300

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

| TANK ID# | TANK CAPACITY | LAST CONTENTS | PROPOSED ACTIVITY | | |
|-----------|----------------|------------------|-------------------------------------|--------------------------|---------------------|
| | | | CLOSURE | CHANGE-IN-SERVICE | |
| | | | Removal | Abandonment In Place | New Contents Stored |
| <u>T5</u> | <u>550 gal</u> | <u>kerosene</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <u>T6</u> | <u>550 gal</u> | <u>waste oil</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

D. MARK DURWAY, LG 875, PRES.Signature: DMScheduled Removal Date: 1/25/96Date Submitted: 1/17/96

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.